

471-000-515 NEBRASKA MEDICAID PERSONAL ASSISTANT FEE SCHEDULE

The following fee schedule is used to determine payment rates for personal assistant services provided on or after July 1, 2004:

| CODE | DESCRIPTION | MEDICAID ALLOWABLE |
|------------------|---|---|
| <u>Assistant</u> | | |
| T1019 | Personal care services, per 15 minute, not for an Inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment code may not be used to identify services provided by a home health aide or certified nurse assistant. | \$1.70 per 15 minute unit (\$6.80 per hour) |

Specialized Assistant

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|---------|---|---|
| T101922 | Personal care services, per 15 minute, not for an Inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment code may not be used to identify services provided by a home health aide or certified nurse assistant. | \$2.08 per 15 minute unit (\$8.32 per hour) |
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The following fee schedule is used to determine payment rates for Adult Day Care providers:

| CODE | DESCRIPTION | MEDICAID ALLOWABLE |
|-------------|---|-------------------------------|
| S5105 TD | Day care services, center-based; services not included in program fee, per diem | \$10.92/day (RN service) |
| S5105 | Day care services, center-based; services not included in program fee, per diem | \$6.81/day |